						·				
D			oplication or Docket Number							
10-619-703										
	SMALL TYPE	. E1	NTITY	OR	OTHER THAN SMALL ENTITY					
	RATE		FEE		RATE	FEE				
	X\$ 9= X42= +140=		375.00	OR	BASIC FEE	750.00				
				OR	X\$18=	90				
				OR	X84=	252				
				OR	+280=					
	TOTAL			OR	TOTAL	1092				
OTHER THAN SMALL ENTITY OR SMALL ENTITY										
	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	X\$ 9	=	:	OR	X\$18=					
	X42=	=		OR	X84=					
	+140	=		OR	+280=					
	TOTAL			OR	TOTAL					
ADDIT. FEE OR ADDIT. FEE										
	RATE	Ξ.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	X\$ 9	=		OR	X\$18=					
	X42= +140=			OR	X84=					
				OR	+280=					
•	TOT ADDIT. F			OR	TOTAL ADDIT. FEE					
	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
	X\$ 9:	=		OR	X\$18=					
	X42=			OR	X84=					
	+140:	_		OB	+280=					

PATENT APPLICATION FEE DETERMINATION RECOR

Effective January 1, 2003

			10	-61	9 -	- 103						
			S FILED - PART I (Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25				RATE	F	-EE		RATE	FEE
FOR			NUMBER FILED		NUMBE	ER EXTRA	BASIC F	EE 37	75.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			25 minus 20= *		*	5	X\$ 9=			OR	X\$18=	90
INDEPENDENT CLAIMS			6 minus 3 = *			3	X42=			OR	X84=	252
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+140:	=		OR	+280=	
* If the difference in column 1 is less than zero, er					"0" in c	olumn 2	TOTA	L		OR	TOTAL	10 92
CLAIMS AS AMENDED - PART II						CMAI		ri t v	· •	OTHER SMALL		
_		(Column 1)		(Colum		(Column 3)	SMAL			OR	SWALL	ENTITY .
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	: TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
AME	Independent *		Minus *** ULTIPLE DEPENDENT CLAIM		CLAIM	=	X42=			OR	X84=	
	, FIRST PRESE	INTATION OF MI	JETIPLE DEF	ENDENI	CLATIVI		+140:	=		OR	+280=	
							TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	ADDIT: 1			•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9			OR	X\$18=	
AME	Independent *		Minus *** ULTIPLE DEPENDENT CLAIM		CLAIM		X42=			OR	X84=	
	THOTTHESENTATION OF MOETH EE DEI ENDENT CEARM						+140=	-		OR	+280=	
							TOT ADDIT. F			OR	TOTAL ADDIT. FEE	
						(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA	RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	:		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42=			OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+		UR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.